

Berry, Charles Scott

How the Teacher May Help the Exceptional
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HOW THE TEACHER MAY HELP THE EXCEPTIONAL CHILD

(Suggestions for the education of exceptional children
who are not in special classes)



by

CHARLES SCOTT BERRY

*Director, Bureau of
Special Education*

OHIO STATE UNIVERSITY

FOREWORD

It has long been recognized that schools are made for the average child and programs have been fitted to him with no provision for the child either well above or below this average. Thoughtful men and women in the teaching profession have deplored this condition and much has been done to remedy it. To date, however, usable suggestions have been scarce. In this monograph Dr. Berry has set up the principles which should govern the teaching of the exceptional child and has followed with specific suggestions as to the method of putting these principles into practice.

"The difficult case is a challenge to the physician and he takes great pride in its cure. In like manner the handicapped child is a challenge to the teacher who should take great pride in his development." In these sentences Dr. Berry covers the attitude which should be held by every teacher.

"The teacher should make such changes in the regular course of study and in so-called best methods of instruction as may be necessary to insure the development of the handicapped child." Here the author sets up a challenge to vigorous and untiring thought and to persistent and prolonged industry on the part of the teacher.

I commend most highly this bulletin as a real contribution in a field where both the opportunity and the need are so great.

B. O. SKINNER

State Director of Education

HOW THE TEACHER MAY HELP THE EXCEPTIONAL CHILD¹

INTRODUCTION

In recent years we have come to recognize that children entering the first grade differ widely in their capacity to achieve. While the vast majority are closely similar, at either extreme are found some who differ in marked degree from the rest. These are the exceptional children, the handicapped and the gifted, who require differential treatment and training to make the most of their possibilities.

The education of these exceptional children has marked social significance since from the handicapped, those at one extreme, come dependents and delinquents in numbers all out of proportion to their frequency in the general population, and from the gifted, those at the other extreme, come most of our leaders. Neglect of the education of the handicapped means increased dependency and delinquency; neglect of the education of the gifted means inadequate leadership.

Recent research in the field of psychology indicates that the attitudes, habits and experiences of early life determine success and failure in later life to a much greater degree than was formerly thought to be the case. The proper education of every child during his early years is therefore a matter of paramount importance.

While it is true that exceptional children usually can be educated more successfully in special classes taught by teachers who have had special training, yet the fact remains that at the present time only a small percentage of such children are so taught. *The vast majority of the exceptional children who are enrolled in the public schools of our state are dependent on the regular grade teacher for their education.* This bulletin has been prepared for her in the hope that it may lead to a more sympathetic understanding of the exceptional child and to a better adaptation of training and instruction to his needs.

¹ For helpful suggestions I wish to acknowledge my indebtedness to John J. Lee, Director, Division of Special Education, State of Michigan.

I. THE HANDICAPPED

The findings of the White House Conference on Child Health and Protection indicate that not less than 10 per cent of the elementary school children are so handicapped that they require treatment and training somewhat different from that of the so-called average or typical child. Since not over 10 per cent of these handicapped children are enrolled in special classes, the remaining 90 per cent are dependent on the regular grade teacher for the treatment and training suited to their needs.

If the grade teacher is to meet the needs of the handicapped child, she must observe certain fundamental principles.

In the first place she must feel just as responsible for the education of the handicapped child as she now feels for the education of the child who is not handicapped. Unfortunately many teachers believe either that the handicapped child is not worth educating or that they are not responsible for his education. Through the enactment and enforcement of compulsory attendance laws society has expressed its belief that *every* child is worth educating. The function of the teacher is to educate the child, not to decide whether he is worth educating, just as the function of the physician is to save the patient, not to decide whether he is worth saving. A teacher's attitude that the handicapped child is not worth educating is even worse than a physician's attitude that the patient's life is not worth saving, since the child has no choice. He is at the mercy of the teacher. The teacher stands *in loco parentis*. What parent takes the attitude that his handicapped child is not worth the effort, cost and sacrifice that may be necessary for his development?

It is true that the teacher may not be able to develop the potentialities of a given child. In that event she should turn to others for assistance, just as the physician when in doubt suggests a consultation. The difficult case is a challenge to the physician, and he takes great pride in its cure. In like manner the handicapped child is a challenge to the teacher who should take great pride in his development.

In the second place, *it is of vital importance that the teacher specialize on the strength instead of on the weakness of the handicapped child.* Frequently the handicapped child is required to spend so much time on that for which he has the least aptitude that he does not have time to acquire proficiency in that for which he has the greatest aptitude. Denied the satisfaction of success and discouraged by repeated failure, the handicapped child leaves school unable to do the things he has spent time and effort trying to learn and untrained to do the things he could learn to do. He then finds that society is interested only in what he *can* do, not in what he cannot do.

The extent to which the school has failed to discover and develop the greatest potentialities of the individual is strikingly illustrated by the work of vocational rehabilitation. "In a special survey of 313 cases rehabilitated in Michigan during 1928-1929 it was found that 195 or 62 per cent of these 313 cases had a higher beginning wage after rehabilitation than their maximum wage had ever been before they were injured."² If so much can be done for disabled adults during a short period of training by specializing on their greatest potentialities, consider what might be done for handicapped children during the early plastic years of school life if the teacher were to discover and develop their greatest possibilities instead of devoting so much time to their limitations.

In the third place, *the teacher should make such changes in the regular course of study and in the so-called best methods of instruction as may be necessary to insure the development of the handicapped child.* The very fact that the child is handicapped means that he requires differential treatment. Yet the lives of thousands of handicapped children have been blighted because of a blind faith in traditional subject matter and methods of instruction. The physician changes the treatment when he finds the patient is not recovering. Can the teacher do less? Courses of study and methods of instruction are but means to an end—the development of the child.

To the grade teacher who willingly assumes responsibility

² "How Rehabilitation Service Helps the Adult Disabled Become Self-Supporting," *Vocational Rehabilitation Bulletin* No. 2 (February, 1931), p. 13. Prepared by Division of Rehabilitation, Department of Public Instruction, State Capitol Building, Lansing, Michigan.

for the education of the handicapped child, who sees in this child possibilities of a happy, successful life, and who is willing to try any means that promise success in realizing these possibilities, the following suggestions are offered.

A. GENERAL SUGGESTIONS

1. The handicapped child desires to participate in the common life of his normal fellows but he fears that he will be slighted, shunned or persecuted by those with whom he longs to associate. The function of the teacher is to make it possible for him to live happily and successfully with his normal fellows.

2. It is important that the handicap be discovered as soon as possible after the child enters school.

3. The teacher should make as many contacts as possible with the child's environment outside of school in order that his case may be more clearly and comprehensively understood.

4. First, attempt to remove or minimize the handicap.

5. If the handicap cannot be removed or further minimized, direct the child's attention away from his handicap to the development of his major possibilities.

B. SPECIFIC SUGGESTIONS

1. *The Blind and the Partially Seeing*

a. The Blind

If the child is blind he should be sent to a special class for blind children or to the State School for the Blind at Columbus.³

b. The Partially Seeing

(1) From 10 to 15 per cent of the school children have seriously defective vision.

(2) Some of the common indications of eye-strain or defects of vision are as follows: cross eyes, frown-

³ Further information may be obtained from the Director, Division of Special Classes, State Department of Education, Columbus, or from the Superintendent, State School for the Blind, Columbus.

ing, itching or smarting of the eyes, congested eyes, headache, blurred vision, sensitiveness to light, holding the book near the eyes, poor spelling, poor reading.

(3) Snellen charts, Allport's charts or McCallie's test cards can readily be used by the teacher to discover which children have seriously impaired vision. These charts and cards may be secured from C. H. Storling Co., Chicago, Illinois.

(4) If the child is found to be suffering from eye strain or defective vision, urge the parents to have his eyes examined by a competent oculist.

(5) If glasses are prescribed by the oculist see that the child wears them and keeps them clean.

(6) Give particular attention to the adjustment of window shades.

(7) Show the child how to care for his eyes:

(a) Read only in a good light which comes from over the shoulder.

(b) Never face a window when reading or working.

(c) Always sit up when reading, holding the book in a plane parallel to that of the face.

(d) Avoid reading on street cars or when lying down.

(e) Rest the eyes occasionally by closing them or by looking away from the book or work.

(f) Read but little when recovering from an illness for the eyes are weak then and may easily be injured.

(g) Keep dirty hands away from the eyes.

(8) When the vision of the child is found to be very defective:

- (a) Seat him in front of the room near the window.
- (b) Cover the top of his desk with a large green blotter to avoid all glare.
- (c) For reading provide books with large clear type, printed on paper free from gloss.
- (d) For writing provide large black, soft lead pencils and manila paper free from gloss.
- (e) All writing on the blackboard should be large. Use soft chalk and keep the blackboard clean.

Selected References:

- Berkowitz, J. H. *The Eyesight of School Children*. Washington: Government Printing Office, 1920. (Price 20 cents.)
- Lawes, Estella. *Methods of Teaching Sight Saving Classes*. New York: National Committee for the Prevention of Blindness, 1926.
- Terman, L. M. and Almack, John C. *The Hygiene of the School Child*, Chapter XIII. New York: Houghton Mifflin Company, 1929.

2. *The Deaf and the Hard of Hearing*

a. The Deaf

The deaf child has no place in the regular grades of the public schools. He should be sent to a special class for the deaf or to the State School for the Deaf at Columbus.⁴

b. The Hard of Hearing

(1) The teacher as well as the parent often fails to discover that a child has defective hearing.

(2) Some signs of defective hearing are as follows: "Frequently asks to have questions repeated," turns the side of his head toward the speaker or looks at the speaker with a peculiar intentness, complains of earache, has running ears, stupid expression, imperfect speech, poor spelling.

⁴ Further information may be obtained from the Director, Division of Special Classes, State Department of Education, Columbus, or from the Superintendent of the State School for the Deaf, Columbus.

(3) Test by means of the watch or the whisper test every child who shows any signs of impaired hearing.⁵

(4) Recommend to the parents of the child who is found to have defective hearing, chronic earache or running ears that they take him to an ear specialist for examination and treatment.

(5) Under favorable conditions many hard-of-hearing children learn lip reading without specific instruction.

(6) Provide favorable conditions for lip reading:

- (a) By seeing that defects of vision are corrected. Without good vision lip reading is almost impossible.
- (b) By seating the child in front of the room near the window.
- (c) By speaking distinctly and standing where the child can see the movement of your lips.
- (d) By seating the child in class recitation so that he can see the lips of the other members of the class.
- (e) By instructing the child's parents to speak slowly and distinctly and to stand so that the child can see their lips.

Selected References:

American Federation of Organizations for the Hard of Hearing. *The Hard-of-Hearing Child*. Washington: Government Printing Office, 1927. (Report of the Commission on Education of the American Federation of Organizations for the Hard of Hearing.)

Stowell, Agnes. *Lip Reading for the Deafened Child. A Handbook for Teachers*. New York: The Macmillan Company, 1928.

White House Conference on Child Health and Protection. *Special Education: The Handicapped and the Gifted*, pp. 275-346. New York: The Century Company, 1931.

⁵ Instructions for giving these tests may be found in "The Hard-of-Hearing Child," *School Health Studies No. XIII* (July, 1927). Washington, D. C.: Bureau of Education.

3. *The Defective in Speech*

a. Approximately 4 per cent of the pupils in the elementary grades have speech defects which demand special attention.

b. With the cooperation of the child and the home the teacher can correct a large percentage of these cases of defective speech.

c. First, determine what particular defect of speech the child has. The more common defects are stammering or stuttering, lisping, cluttering, lalling, nasality, thick speech, hoarseness and harshness, foreign accent.

d. Determine if possible the cause of the imperfect or defective speech. Some of the causes are low muscular tone due to illness or malnutrition, shock, imitation, interference with left-handedness, heredity, adenoids and diseased tonsils, mal-formation of the organs of speech, carelessness, faulty habits of enunciation and of breathing, and defective hearing.

e. If the defect of speech is apparently due to adenoids, diseased tonsils, mal-formation of the organs of speech or defective hearing, urge the parents to have the child examined by a throat and nose specialist.

f. Give particular attention to the child's health.

g. In attempting to correct speech disorders:

(1) Pronounce all words correctly and distinctly since the child acquires speech through imitation.

(2) Urge the child to think the sounds before attempting to make them.

(3) Never correct the child's speech in the presence of his classmates.

(4) Do not call on the child to recite, but encourage him to volunteer when he is ready.

(5) Never miss an opportunity to praise and encourage the efforts of the child whose confidence has been destroyed by his speech defect.

(6) Convince the child that he can overcome his defect.

(7) Special exercises in relaxation and in correct pronunciation are very helpful.

(8) Encourage the child to engage in the usual social and athletic activities of the school in order that he may not feel that he is different from other children.

(9) The sympathetic, understanding teacher will determine the attitude that other children take toward the child of defective speech. "My play-mates never ridiculed me when I stuttered, and frequently, when I blocked on a word, some one of them would say it for me, and so I chatted with them almost on even terms. My teacher treated me with uncanny understanding and was chiefly responsible for the attitude of the pupils toward my defect. I shall always be grateful to her."⁸

(10) Secure the cooperation of the parents in order that the child may have their encouragement and assistance in practicing at home the special exercises necessary to correct his speech.

(11) The child should speak aloud during the home study period, as silent practice is of little value in overcoming a speech defect.

Selected References:

McCullough, Grace A. and Birmingham, Agnes V. *Correcting Speech Defects and Foreign Accent*. New York: Charles Scribner's Sons, 1925.

Peppard, Helen M. *The Correction of Speech Defects*. New York: The Macmillan Company, 1927.

Rogers, James F. *Speech Defects and Their Correction. For Teachers, Parents, and Pupils*. Washington: Government Printing Office, 1931. (Price 5 cents.)

4. *The Children of Lowered Vitality*

The children of lowered vitality are those whose

⁸ Johnson, Wendell. *Because I Stutter*, pp. 13-14. New York: D. Appleton and Company, 1930.

energy is easily exhausted. The tuberculous, the anemic, the mal-nourished, and the cardiopathic are cases of lowered vitality. Since in these cases the physical handicap is not visible there is grave danger of over-exertion.

Children of lowered vitality are usually detected by means of periodic medical examinations and monthly weighing of all school children. But where there are no periodic examinations the teacher should refer all suspected cases to the school physician or school nurse. If there is no school physician or school nurse the teacher should urge the parents to have the child examined.

a. In the education of the child of lowered vitality health is the first consideration.

b. The teacher should not hesitate to modify the usual school program in any way that will protect or improve the health of the child.

c. Since the child of lowered vitality is in danger of over-exertion, his physical exercises should be prescribed by a physician. If that is not possible the teacher should see that he engages only in moderate exercise.

d. In the child's health program rest, food, and fresh air should be given special consideration as follows:

(1) A daily rest period on a cot or in a reclining chair.

(2) A well-selected, hot noonday meal.

(3) A well-ventilated schoolroom.

(4) Warm, comfortable clothing.

e. Secure the cooperation of the parents.

f. If necessary ask civic and welfare organizations to furnish cots, clothing and food.

Selected References:

Rogers, James F. *Schools and Classes for Delicate Children*. Washington: Government Printing Office, 1930. (Price 20 cents.)

White House Conference on Child Health and Protection. *Special Education: The Handicapped and the Gifted*, pp. 385-436. New York: The Century Company, 1931.

White House Conference on Child Health and Protection. *The School Health Program*. New York: The Century Company, 1932.

5. *The Crippled*

a. Upon entering school every crippled child should be given a medical examination to determine whether anything further can be done to remove or minimize the physical handicap.

b. If an operation is necessary the tactful, sympathetic teacher can do much to influence the parents to have the operation performed.

c. Corrective physical work in the schools should not be attempted by the teacher except under the direction of a competent physician.

d. Adjustment of the school desk to the comfort of the child should receive special attention.

e. Seat the child near the door so that he can easily get out of the building in case of fire.

f. A daily rest period should be provided for the crippled child of lowered vitality.

g. The child with tubercular bones must be carefully guarded against bumps and bruises.

h. Because of improper training in the home the crippled child is frequently more handicapped mentally than physically.

i. The child must be taught to help himself. Do nothing for him that he can do for himself. Pampered and waited on in the home, he is apt to expect more consideration in the school than is desirable.

j. The child must be taught that he can find a worthy place in the community if he makes the most of what he has. This end can best be accomplished by encouraging him to specialize in the things he can do best and by having him compete with other children only in those activities where his physical disability is no handicap.

k. Train the child to be courteous and appreciative. The crippled individual who is cheerful, courteous and appreciative never lacks friends.

Selected References:

- Heck, Arch O. *Education of Crippled Children*. Washington: Government Printing Office, 1930. (Price 20 cents.)
- Smith, Mabel E. *The Crippled Child*. Columbus, Ohio: State Department of Public Welfare, 1931.
- White House Conference on Child Health and Protection. *Special Education: The Handicapped and the Gifted*, pp. 16-112. New York: The Century Company, 1931.

6. *The Behavior Problem Child*

a. The problem child of the early grades is usually nothing more than an educational problem which can be solved by the intelligent, sympathetic, well-trained teacher. Neglected, or the victim of wrong training, he becomes a serious social, medical or psychological problem which requires a highly trained specialist.

b. To secure the best results with behavior problem children the teacher should be a normal well-adjusted individual who has a sympathetic understanding of children and a genuine personal interest in the problem child.

c. First, determine the nature, frequency, and direction of the undesirable behavior. Some of the common forms of undesirable behavior are truancy, stealing, lying, bullying, sex delinquency, showing off, temper tantrums, excessive daydreaming, and extreme nervousness.

d. Second, learn the cause of the undesirable behavior. This usually requires an understanding not only of the child himself but of his home life as well. Some of the factors which frequently cause or contribute to undesirable behavior are failure in school work, dislike of teacher, bad companions, poor home environment, poverty, ill treatment by schoolmates, inadequate opportunities for recreation, and physical defects or abnormalities.

e. To correct undesirable behavior the teacher must have the confidence and cooperation of the child. If she cannot win the child's confidence, she should turn to

someone who can. No teacher can hope to win the confidence of every child since children, like adults, have personal likes and dislikes which are not subject to rational control.

f. Where the misbehavior is due to dislike of teacher, a change of teacher may be desirable.

g. Dislike of school is frequently overcome by giving the child opportunity to devote more time to the subject in which he is most interested.

h. In case of sex offenses, it is essential that the teacher assume a wholesome attitude and cooperate with the nurse, the physician, and the parents.

i. The child who is constantly doing what is forbidden in order to gain attention can usually be cured by ignoring as far as possible his misdeeds and by providing special opportunities for him to gain attention by doing the socially approved things that he can do best.

j. Surplus energy for which no adequate outlet has been provided often leads to a variety of misconduct. The cure is interesting activity programs in school and suitable recreation outside of school. Work with the home and community agencies such as boy scouts, 4-H club, Y. M. C. A.

k. Undesirable conduct can frequently be traced to the physical condition of the child. Extreme nervousness and emotional instability suggest the desirability of medical attention. These conditions are greatly intensified by fatigue, hence the importance of protecting the child from over-exertion, physical and mental. In dealing with this type of child, the calm, sympathetic, well-poised teacher is indispensable.

l. The highly imaginative child who fails to distinguish between truth and fiction should devote more time to objective activities such as drawing, painting, manual training. However, lying is often due to failure to achieve well enough to satisfy. See that the child has a

chance to succeed by attempting only that which is within his capacity.

m. In case of the over-dependent child who is emotionally dependent on mother and teacher, stress the satisfactions that come from growing up, from independent achievement. Thus gradually develop the spirit of independence. However, in such cases the cooperation of the mother is required if much is to be accomplished.

n. The daydreamer or the peculiar child who lives apart from other children requires special attention. From this introverted or shut-in type of personality come the cases of dementia praecox, a common and serious form of mental disease. The teacher should make every effort to induce this type of child to engage in those activities which children of his own age enjoy, in order that he may discover that greater satisfaction comes from doing things than dreaming about them.

o. "In every classroom there are children who are suffering from irrational fears, needless worry, or superstitions. Much can be done by the sensitive, intelligent teacher to relieve or prevent the irrational fears of childhood by anticipating the conditions or occasions which are most likely to cause these fears to arise. Many a child who is not growing as rapidly as other children of his own age or who finds that certain parts of his body are not developing as he thinks they should is haunted by the fear that he will never grow up, or that he is going to be deformed. A brief talk to the children on the irregularities of growth and development would do much to allay the fears of this particular child and to prevent similar fears from arising in the minds of other children. In like manner an explanation of the origin and significance of common superstitions and prejudices would prevent many children from developing undesirable emotional reactions which so often remain throughout life."⁷

⁷ "An Introduction to Guidance," *Guidance Manual Number 1*, pp. 108-9. Columbus, Ohio: State Department of Education, 1930.

Selected References:

- Morgan, John J. B. *The Psychology of the Unadjusted Child*. New York: The Macmillan Company, 1925.
- Thom, Douglas A. *Mental Health of the Child*. Cambridge, Massachusetts: Harvard University Press, 1928.
- White House Conference on Child Health and Protection. *The Delinquent Child*. New York: The Century Company, 1932.
- Zachry, Caroline B. *Personality Adjustments of School Children*. New York: Charles Scribner's Sons, 1929.

7. *The Mentally Retarded*

a. The teacher in the elementary grades generally finds in her room of forty pupils one or two mentally retarded children who are unable to keep up with the other members of the group. Usually these children are failed repeatedly, seldom getting beyond the fifth or sixth grade before reaching the age when they can leave school. Disheartened by repeated failure, with their greatest potentialities undeveloped, they drop out of school to become a burden or menace to society. Yet under right conditions of training the vast majority of these mentally retarded children develop into law-abiding citizens wholly or in part self-supporting.

b. Mentally retarded children can usually be trained most successfully in special classes. But since most of the smaller cities have no special classes, the mentally retarded child is compelled to look to the regular grade teacher for training and instruction. The development of his possibilities becomes her responsibility.

c. Since the mentally retarded child is more like the normal child in physical traits than in mental traits, the aim of education is to prepare him to compete with normal individuals in that kind of manual work which requires the least intelligence, that is, in unskilled labor, and to find satisfaction in the social life of the group with which he will live. He will be a follower, not a leader, and he will earn his living with his hands, not with his head.

d. Without health, strength, endurance, motor co-

ordination and the ability to get along with one's fellows, failure is inevitable even in unskilled labor. Hence, health instruction, physical training, games, and a wide variety of manual activities are of great importance in the education of the mentally retarded child. Judgment and reasoning, in which he is weakest, are to be developed indirectly through physical and motor training, and much use is to be made of the substitutes for reasoning and judgment, viz., imitation, memory and habit.

e. Find out all you can about the child and start with what he knows and is able to do regardless of his previous grade standing.

f. Since the mentally retarded child usually learns more slowly and forgets more quickly than the average child, teach him only the things he needs to know and only when he needs to know them. That which is in constant use is easily retained. Walking and talking, once learned, are not forgotten.

g. Respect the personality of the child. His defects and failures should not be discussed in his presence.

h. Specialize on the child's strength, not on his weakness as is so commonly done. Only through the maximum development of his greatest potentialities can he hope to compete successfully with his normal fellows even in the simplest occupations.

i. Let the mentally retarded child run errands and perform simple tasks. Cleaning windows and blackboards, picking up papers, emptying waste paper baskets, assisting the janitor, are some of the things he can do at school which will assist in the development of good habits and right attitudes. The parents should be encouraged to assign specific tasks at home for the child to perform regularly.

j. It is important that the teacher treat the mentally retarded child with such consideration that he will be accepted by the other children in the room as a member of their group. If she will ask them to assist him in

his work they will soon understand him and begin to feel some responsibility for his progress.

k. It is desirable to formulate an individual program for the mentally retarded child in order that he may go forward at his own rate and have the opportunity of doing the things in which he is most interested and for which he has the greatest aptitude. In planning his program the teacher should not forget that she is preparing him for life, not for the high school. In his case there is little or no relation between the two. However, the mentally retarded child should be encouraged to work with normal children in all activities where he can do so without humiliation or discouragement.

l. At the end of the semester or year it is usually better to have the mentally retarded child go on into the next grade with his group even though he is not prepared to do the work of that grade. Thus he is kept with his own group who understand him and who are willing to help him. The previous teacher can give the new teacher the benefit of her experience and assist in planning his program so that there will be no break in his work. In this way the blighting effect of failure is avoided and the child is kept with his own age group.

m. In teaching academic subjects make much use of concrete illustrative material, and use any method that promises results.

Most of the reading of the mentally retarded individual is for practical information, not for pleasure. Hence, stress the reading of the words it is important to know, such as go, stop, push, pull, danger, poison, etc. Teach him to read newspaper headlines, want ads, notices, bills, receipts, etc.

Teaching phonics and grammar to the mentally retarded child is a waste of time.

Devote much time to the improvement of oral expression.

In arithmetic teach only that which he will use—counting, measuring, making change, and solving sim-

ple problems of daily life. See that he has constant practice in using what he is taught.

In writing place the emphasis on legibility, not on speed. Give him much practice in writing business letters, want ads, receipts, bills, etc.

In geography, history and civics start with the community in which he lives.

Selected References:

- Baker, Harry J. *Characteristic Differences in Bright and Dull Children*. Bloomington, Illinois: Public School Publishing Company, 1927.
- Gesell, Arnold L. *The Retarded Child: How to help him, a handbook for teachers describing the individual program method of training the deficient child in rural and graded schools*. Bloomington, Illinois: Public School Publishing Company, 1925.
- Inskeep, Annie D. *Teaching Dull and Retarded Children*. New York: The Macmillan Company, 1926.
- Whipple, Helen D. *Making Citizens of the Mentally Limited*. Bloomington, Illinois: Public School Publishing Company, 1927.

II. THE GIFTED

"The need for special education of gifted children is indicated by the large percentage of failures in our colleges and universities due, not to lack of capacity, but to bad habits and undesirable attitudes; by the many graduates of higher institutions of learning who do not feel under the slightest obligation to society which made possible their higher education; and by those gifted children who leave school because of dissatisfaction with traditional education."⁸

A. SPECIFIC SUGGESTIONS

1. Search for gifted children. Frequently they are not discovered, although in the typical grade room there are usually one or two children of superior or very superior ability.

2. These are the children who under right conditions of training and instruction generally develop into successful leaders.

3. Train for leadership by stressing the development of originality, initiative, resourcefulness, the spirit of cooperation, and a sense of responsibility.

4. To develop these desirable characteristics the gifted child must have freedom, just as much as he can use wisely. Usually gifted children are capable of using wisely much more freedom than they are given.

5. The rôle of the teacher is that of a guide and counselor, not that of a dictator.

6. Encourage the gifted child to use the library. Most gifted children are omnivorous readers, greatly interested in biography, history, travel and works of reference.

⁸ White House Conference on Child Health and Protection. *White House Conference, 1930. Addresses and Abstracts of Committee Reports*, pp. 242-243. New York: The Century Company, 1931.

7. Let the gifted child bring in special reports on subjects outside of the required work.

8. Place more emphasis on creative work and devote less time to drill.

9. Provide opportunities for field trips and for visits to local institutions and industries.

10. Interest the gifted child in the current social and industrial problems which are challenging our best minds. That is, acquaint him with the world that is in the making.

11. Develop the spirit of cooperation and a sense of responsibility by having the gifted child assist other children in their work.

12. Give the gifted child every encouragement to participate in the social and athletic activities of his school lest he become lop-sided in his development.

13. Provide opportunities wherever possible for the gifted child to exercise the qualities of leadership.

14. It is generally wiser to give the gifted child encouragement and opportunities to develop his own special interests than it is to hurry him through the grades as rapidly as possible.

15. Encourage the gifted child to continue his education on through high school and college.

Selected References:

Goddard, H. H. *School Training of Gifted Children*. Chicago: World Book Company, 1928.

Hollingworth, Leta S. *Gifted Children*. New York: The Macmillan Company, 1926.

National Society for the Study of Education. "The Education of Gifted Children." *Twenty-Third Yearbook of the National Society for the Study of Education, Part I*. Bloomington, Illinois: Public School Publishing Company, 1924.

Terman, Lewis M. *Mental and Physical Traits of a Thousand Gifted Children*. California: Stanford University Press, 1925.

General References:

(Each of the following books deals with the treatment and training of all types of handicapped children.)

Scheidemann, Norma V. *The Psychology of Exceptional Children*. Boston, Massachusetts: Houghton Mifflin Company, 1931.

Terman, Lewis M. and Almack, John C. *The Hygiene of the School Child*. Boston, Massachusetts: Houghton Mifflin Company, 1929.

White House Conference on Child Health and Protection. *Special Education: The Handicapped and the Gifted*. New York: The Century Company, 1931.

The teacher who desires more information in regard to the care, treatment and training of any exceptional child should feel free to write to the Director, Bureau of Special Education, Ohio State University, Columbus, Ohio.

